

Service Log - Case Management

Annual IEP T1024 TM

-Blue paper form-

Student: _____ **Diagnosis:** _____

SS# _____ **School District:** _____

Date of Birth: _____ **Supervisory Union:** _____

mm/dd/yyyy

Check appropriate box to indicate type of IEP:

<input type="checkbox"/>	Initial IEP (cannot be reimbursed)
<input type="checkbox"/>	Student's first IEP but was on IFSP
<input type="checkbox"/>	Annual IEP
<input type="checkbox"/>	IEP Revision (cannot be reimbursed)

Beginning Date of IEP Process: _____

IEP Process Completed: _____

IEP meeting: _____

mm/dd/yyyy

mm/dd/yyyy

mm/dd/yyyy

All header information must be completed:
 Student Name
 Social Security Number (SS#)
 Date of Birth
 Diagnosis Code
 School District
 Supervisory Union

The type of IEP must be checked. Initial IEP's and IEP revisions/amendments are not billable

The beginning date and completion date of the IEP process must be completed

The IEP meeting date is the date used as the to and from date when submitting the claim to EDS

Please check all activities completed during the IEP process (at least 6 activities must be performed in order for the claim to be billable to Medicaid)

Check	Activity
<input type="checkbox"/>	1. Reviewed most recent eligibility determination
<input type="checkbox"/>	2. Reviewed testing/evaluation results
<input type="checkbox"/>	3. Reviewed process reports
<input type="checkbox"/>	4. Reviewed student's existing IEP
<input type="checkbox"/>	5. Gathered information from other professionals, including classroom teacher, mental health counselor, principal, n
<input type="checkbox"/>	6. Compiled and interpreted information
<input type="checkbox"/>	7. IEP pre-meeting to discuss issues with other providers
<input type="checkbox"/>	8. Visit to home, childcare, etc. to collect additional student information
<input type="checkbox"/>	9. Classroom observation
<input type="checkbox"/>	10. Interpretation and compilation of information to develop the IEP
<input type="checkbox"/>	11. IEP Meeting to develop goals and plan of services
<input type="checkbox"/>	12. Initial coordination of services

The case manager needs to indicate with a check or an "X" the activities that they completed as part of the IEP process. A minimum of 6 activities must be performed in order for the evaluation to be billable to Medicaid

Case Manager's Signature _____ **Date:** _____

Case Manager's Printed Name: _____

Payment Information

Submit Date: _____ RA Date: _____

The Medicaid clerk is able to update the header information, the case manager's printed name and the payment information. All other information **must** be completed by the case manager